American Paj Ntaub

Wat Tham Krabok Assessment Team Report

April 22, 2004

Authored by:

MayKao Hang
Jim Anderson
Dr. Patricia Walker
Maoheu Thao
Mo Chang
Laurie Hestness

Wat Tham Krabok Assessment Team Report

Table of Contents

Page

Dedication

Executive Summary---------- i

Introduction----------1

The Assessment----------4

Findings---------- 7

Education---------- 9

Employment/Self-Sufficiency---------- 11

Medical/Health---------- 12

Social Services and Mental Health Needs---------- 14

Conclusions----------17

Next Steps----------19

Appendix A – Donors for the Delegation Trip to Wat Tham Krabok---22

Appendix B – Roster of Delegation and Assessment Team Members--- 23

Appendix C – SF-12, Health and Well-Being Survey Results----------24

Appendix D – Quick Psychosocial Diagnostics Results----------29

Appendix E – Assessment Instruments---------- 33

Qualitative Interview---------- 34

Family Census (Quantitative) Interview---------- 37

SF-12, Your Health and Well-Being Survey---------- 41

Key Informant Interview---------- 44

Appendix F – Wat Tham Krabok Outpatient Clinic Diagnoses
January and February, 2004----------45

DEDICATION

The Wat Tham Krabok Assessment Team would like to dedicate this report to the Hmong of Wat Tham Krabok who so generously revealed to us their hopes, their fears and their voices. We want you to know that we listened to you, learned from you, and were deeply moved by what you had to say. We hope and are confident that our community will respond to your voices and help you succeed in your very difficult transition to life in the United States. We gratefully share here and elsewhere in this report, a few of the many thoughts you so kindly shared with us.

> *Hmong are strongly connected with each other. The land, earth and sky are here just as we are. There are still things to celebrate. Language is strength. There is a common bond between people here. People are always in touch with each other, say hello; drop in to other people's houses. Family relationships are strong…. Being Hmong is wherever you make it and it makes me very happy.*
>
> *People are so worried about their children's futures. My parents made the decision to not go to the U.S. I was the youngest son. I plan to resettle in the U.S. to help my children.*
>
> *I want to know how long it will take to get to the U.S. because life is so hard. There is no way to make a living and eat. I just hope to survive from day to day.*
>
> *There is hardship in the camp that causes me to be depressed and worry about every day of my life.*
>
> *I want the U.S. government to know that we are suffering here and they have to help us. We don't have good, medicine, a place or home of our own. No one wants us. My husband served under the U.S. and General Pao Vang under the CIA.*
>
> *I want to take my children to a country where it will provide them with a better future.*
>
> *I worry a lot about not being able to speak English. I don't know if I will be able to support and help my family.*
>
> *I am old and afraid I won't be able to start school and learn English like a younger person. Will I be able to find work and support myself in the U.S.?*

Executive Summary

In December 2003, the United States announced plans to resettle up to 15,000 Hmong refugees from Laos registered with the Government of Thailand and living in a self-constructed village near Wat Tham Krabok, a Buddhist temple 90 miles northeast of Bangkok. This announcement was completely unexpected and was met with joy by the large Ramsey County Hmong population, many with immediate relatives in Wat Tham Krabok village.

To enable our community to adequately prepare for these new arrivals, and to gather information that would be needed to convince public and private funding partners to effectively participate in this transition, Saint Paul Mayor Randy Kelly pulled together a delegation of city, county, and community experts to travel to Thailand to see first-hand the conditions at Wat Tham Krabok. The delegation included elected officials and staff from the County Human Services and Public Health Departments, the Saint Paul Public Schools, Regions Hospital, Saint Paul Police Department, voluntary refugee resettlement agencies and a community human services organization. Most importantly, the delegation included seven Hmong Americans. (See Appendix A for a list of donors who made the trip possible and Appendix B for a roster of delegation members).

With generous assistance from staff at the U.S. Embassy in Bangkok, the International Organization for Migration and the Royal Thai Government, the assessment team was able to spend eight full days in Wat Tham Krabok interviewing refugees and other key informants who gave us the information and insights that make up this report.

Four formal assessment instruments were used to complete interviews with 91 families in camp representing 613 people. The Assessment Team also conducted 17 key informant interviews with persons who could provide either a unique or expert perspective on life and conditions in the village. In addition, the assessment team spent several hours touring the village, assessing health and living conditions and seeing several critically ill Hmong in their homes.

Current information provided by the U.S. Embassy in Bangkok on the numbers of individuals who are eligible to interview for resettlement to the United States by age group is:

Age	Number	% of population
0-4	3,040	21%
4-14	4,584	31%
15-18	1,545	10.5%
19-24	1,602	11%
25-44	2,598	17.7%
45-64	1,320	9%
65+	7	.04%
Total	**14,696**	

ASSESSMENT CONCLUSIONS

Personal and Community Strengths

- Unlike earlier migrations there is a strong and active Hmong community that is excited to have their relatives join them.
- The Hmong community is a diverse community with social services agencies, churches, restaurants, grocery and other retail stores and many resources for the new immigrants. There are Hmong lawyers, teachers, social workers, doctors, nurses, and psychologists.
- The public sector in Ramsey County and Saint Paul has Hmong staff and resources that are able to effectively address the needs of the new immigrants.
- Family members in the United States and elsewhere who send money to relatives in camp have provided a critically important source of revenue for families in the camp. Those who do not have relatives overseas, or a way to generate income at Wat Tham Krabok, are the most vulnerable when they become ill. In Minnesota, we will only be receiving Hmong with relatives already here. These families represent a significant resource for support and adjustment for our new immigrants.
- Unlike many refugee situations, the Hmong of Wat Tham Krabok have had to work very hard to survive there. It is a remarkably self-sufficient population who are accustomed to working to provide for their basic needs.
- Hmong families value education and try to make sure their children are in school, regardless of their financial status.
- People have had long exposure to the western medical model and are more aware of the benefits of western medicine than previous generations. They are excited about having access to medical care and do not express concerns in this regard.
- People are very resourceful, obtaining money for medical care from many sources, going to pharmacies themselves, and accessing the local Thai care system outside of the camp frequently.

Summary of Key Issues Arising from the Assessment

Education

- 52% of the residents of the camp are 14 or younger
- Children will be likely to learn to speak English quickly because they are very bright and eager to learn. The Assessment Team found that there is a higher rate of literacy, principally in Thai and Hmong, than previous Hmong refugee arrivals. Depending on the pace of resettlement, there is likely to be a dramatic impact, particularly in the elementary schools, but the Saint Paul Public School system has had a very successful history of educating Hmong youth.
- There are significant numbers of married teenagers with children. Programs for teen mothers aged 15-21 will need to be prepared.
- Refugee children, particularly those who are 0-5 will need to be screened for health problems and developmental delays because of chronic malnutrition identified in the camp.
- Opportunities for education for adults in the village are extremely limited.
- Immunization records for the school-age children will need to be carefully reviewed and assessed.

Employment and Self-Sufficiency

- Individuals from Wat Tham Krabok have a history of hard work and self-sufficiency.
- Adults will have a more difficult time transitioning and learning English. The community will need to assess whether there is sufficient capacity and resources for Adult Basic Education and English as a Second Language classes.
- These young families will also be in need of affordable childcare services in order to go to work, learn English, and be productive members of society once they resettle.
- Technical and advanced work skills are minimal. Most relied on physical labor, needlework and other handicrafts as a means of income. Job training, mentoring and technical skills education will need to be an important element of the resettlement effort.

Health Needs

- The health section discusses observing a high incidence of protein malnutrition in children ages 2 and up, including teenagers. The potential impact of chronic malnutrition on the developmental progress of children is a concern.
- Young children and older adults are the most likely to be sick due to the poor living condition in the camp. Disabilities, maternal and child health, chronic illness and mental health issues are a significant concern.
- People are generally familiar with and very accepting of the western medical treatment model. Most are eagerly looking forward to having access to good medical care, something that has been noticeably missing for many in the camp.
- There needs to be good public health outreach, education, and promotion for these new arrivals as those services have not been present at Wat Tham Krabok.
- Screenings and medical visits will require extra time. The medical community should collaborate to standardize protocols and best practices for new arrival medical and mental health screening.
- The medical community will need to make conscious efforts to establish trust with the new refugees because of their mistrust in the Thai medical care available to them.

Social Service and Mental Health Needs

- There are significant mental health issues uncovered through our assessment that should be dealt with prior to and after arrival. We found high incidences of depression and anxiety, of which much is situational and attributable to their life situation, physical health issues, and the powerlessness they feel over whether they will be allowed to resettle to the United States.
- Because of life conditions spanning nearly 50 years of war and exile, and the prevalence of malnutrition at Wat Tham Krabok, we should anticipate some developmental and other disabilities.
- After an initial sense of hopefulness and euphoria over the opportunity to resettle in the U.S., it is normal for the reality of how difficult this transition is to seriously erode morale. Connecting and maintaining communication with new arrivals will be important to combat isolation and promote successful adjustment.

Housing

- Newly arriving refugees are going to be dependent on their U.S. families to share or help them find and pay for new housing upon their arrival. This will be a very difficult issue for many families because of the cost of housing and the lack of any significant amount of subsidized housing units available.

Next Steps

Recommendations for immediate action in Wat Tham Krabok

There are a couple of important steps that we strongly recommend prior to the refugee departure from Wat Tham Krabok. In each case, the sooner they can be implemented, the more likely it is that these interventions can be successful.

- **Hmong-American public health and mental health professionals should be immediately placed in the camp to work with the refugees.** The assessment team is concerned about the high degree of major depression, PTSD, and severe anxiety seen in our surveys. Specifically, we are concerned with the potential for suicide being unusually high in the village. These professionals could help refugees cope with the severe stress exacerbated by the U.S. resettlement processing and the deep concerns people are feeling over the potential break up of families resulting from resettlement. We know from experience that information in the Hmong language is able to alleviate the situational stress causing at least some of the current depression and anxiety.

- **Immediately establish a public health and primary care infrastructure at Wat Tham Krabok that provides free care. This is best accomplished through the use of international or non-governmental organizations, many of which have been working with the Hmong in Thailand for decades.** The sick are not going to the existing camp clinic or Thai hospital because of a lack of money and a lack of trust in the care provided there. We are particularly concerned that patients with tuberculosis are not receiving true directly observed therapy. People are suffering unnecessary death and disability because of the lack of access to health care. Establishing a system now that provides adequate free care is the ethical thing to do, will result in less immediate morbidity, and will result in fewer people coming to the United States with poorly controlled medical problems.

- **Hmong American teachers with basic ESL elementary and adult education experience should be sent to Wat Tham Krabok.** These individuals will help train and supervise camp teachers and assist with classroom instruction for the next 6-8 months. The level of English language literacy and speaking ability is significantly lower in Wat Tham Krabok than we have typically seen in refugee camps in Thailand. Even a few months of intensive English language study could make a significant impact on the successful resettlement of these refugees. The camp school staff is currently overwhelmed, under-trained and under-supplied. There is also a critical need for supplies, texts and workbooks for all classes. School districts likely to be most impacted, both here in Minnesota and other states should make every effort to assist in the raising of resources.

- **Individuals who have positive urine drug screens should be offered treatment programs, and re-tested, rather than being permanently rejected from US resettlement.** Previous refugee camps for the Hmong have had opium detoxification programs that have met with some success. This group should not be handled differently from others, and rehabilitation programs should be offered. (The point has been made that the US did not screen out Hmong who assisted the US during the war in Laos based on drug testing.)

Steps To Prepare Our Community for New Arrivals

- **The assessment team hopes that this report provides information that will facilitate understanding of the conditions people have experienced in Wat Tham Krabok. Though we have highlighted a few recommendations that seemed to us very compelling, we do not presume to know how that information can best be used to prepare all service sectors for our new Hmong arrivals. We gratefully turn that task over to the many experts in our community and hope that this report assists you to provide a welcoming and helpful response as the Hmong begin to arrive.**

- **The Adult Basic Education professionals should conduct a full assessment of our community's capacity and resources to provide beginning ESL for up to 1,500 new adult learners over the next 8-10 months.**

- **All area school districts should prepare for new refugee students who have had minimal, and in many cases, no access to previous education.** In addition to concerns that environmental and nutritional factors may have caused a higher than normal incidence of developmental delays, few will have had adequate preparation for the American classroom. While it is expected that the children will adapt quickly, the initial months in school will require accommodation by the individual school districts.

- **We need to ensure that we are prepared to provide physical and mental health screening for all our new arrivals in a timely manner. The medical community should collaborate on establishing best practices in physical and mental health screening, and these recommendations should be shared widely.** Hospitals, clinics and health plans should collaborate with the Minnesota Department of Health Refugee Health Program in this regard. Innovative social adjustment programs should be supported, particularly those which deal with mental health issues, maternal and child health issues, and the disabled.

- **The Minnesota medical community should prepare for an influx of refugees with chronic illness and disability, including children with birth defects, the hearing-impaired, elderly with war wounds, and chronic illness such as diabetes and hypertension.** Maternal and child health issues will be significant, with a high incidence of teenage marriage and pregnancy. Tuberculosis will be in all likelihood the major infectious disease requiring follow up, but detailed data from the international Organization for Migration and Centers for Disease control screening is not available as of yet. Immunization coverage particularly for younger patients may be more complete than for previous refugee groups, but adequate records may be lacking, and adults may have inadequate vaccination coverage. New arrival screening protocols should consider including serologic screening for common vaccine preventable illnesses. Mental health issues may be very significant, with a high incidence of major depression, PTSD, anxiety and suicidal ideation.

- **All service and educational organizations need to plan on a significant need for Hmong interpreter services.** English language classes have only been widely demanded since the resettlement announcement in December 2003 and prior to that, most children who had access to education were being instructed only in Thai.

- **Employment services, technical skills education, and other job training programs should be prepared for a population that, while very accustomed to working, has very few technical or advanced job skills, and thus not well equipped for the employment market in the U.S.**

- **As a community we will need to explore any and all possibilities to identify and to temporarily help to fund housing solutions for newly arriving refugees.** Refugees will arrive with few personal resources and many U.S. families will not be in a position to pay the cost of additional housing for their newly arriving relatives. As a community, we will need to identify creative solutions to this very serious potential barrier to successful resettlement.

- **Organizations should incorporate the Hmong community or Hmong staff into planning for the new Hmong refugee arrivals.** There is a wealth of resources that Minnesota has that other communities do not, and we should take advantage of those who have been very successful in America.

INTRODUCTION

The purpose of this report to provide information on the living conditions of the Hmong refugees who are living in a make-shift village near Wat Tham Krabok in Saraburi Province, Thailand. It is our hope that this information will be a useful guide to organizations and others in planning for the arrival of the Hmong refugees. The Assessment Team was a part of a Delegation to Thailand that was organized through the Mayor of Saint Paul's office. The full delegation included the Mayor, other elected officials, and services experts (see Appendix B).

There were three reasons why it was deemed important to send an assessment team to Wat Tham Krabok:

- First, the situation in Wat Tham Krabok is fairly unprecedented and represents a significant departure in the normal development of a refugee resettlement program. Unlike normal refugee camp situations, there have been no international or non-governmental organizations providing services to this village. Therefore, we had no access to information about its people and the conditions under which they were living. In order to effectively advocate with the federal and state governments and our local foundation community for the resources that would be needed to meet the unique needs of this new population it was essential that we have accurate information on what those needs were likely to be.
- Based on the speed at which the State Department informed us that they hoped to complete the resettlement processing, it appeared unlikely that we would receive any information related to the needs and strengths of the people being resettled before actual arrival.
- Finally, because service experts who were knowledgeable about the local services would be gathering the information, they could rapidly translate the information gathered to help Minnesota plan for a smooth transition of the refugees.

Minnesota's Connection to Wat Tham Krabok

According to the 2000 Census, there are 186,310 Hmong in the United States. Minnesota is home to 45,443 Hmong with slightly more than 24,000 living in the City of Saint Paul, the largest single urban Hmong population in the United States. This has led to speculation that between 20% to one-third of the Hmong approved for resettlement to the United States may be coming to Minnesota, with the vast majority heading for St. Paul and suburban Ramsey County. Based on estimates provided by the U.S. Embassy in Bangkok, this translates into 1,500 to 3,000 refugees who may likely resettle locally. ***It is important to stress that this is only an estimate and it is being made prior to the start of the refugee determination interviews. The actual number of arrivals locally could be higher should applications and approvals run higher than currently expected. Additionally, it should be kept in mind that, over the past decade, Minnesota has received a significant net in-migration from other states and this could continue to be a trend with the new refugees initially resettled elsewhere.***

Since Hmong refugees began to arrive in St. Paul and Ramsey County in the mid to late 1970s, this community has had a profound and very positive impact on our local economy and culture. In the space of a single generation, a very vital and thriving Hmong middle class of homeowners, business entrepreneurs and professionals has emerged throughout Ramsey County. We now have a Hmong Chamber of Commerce, a Hmong Bar Association, and a social service and medical system increasingly infused by largely young, well-educated and very talented Hmong professionals. All of this has emerged from a culture with a centuries-long reliance on slash and burn agriculture in the remote hills of Laos where there was very little access to education and a written language which dates back only to the 1950s. The rapid and, in many respects, miraculous development of our Hmong community has made St. Paul a very attractive destination for young, college educated Hmong from other parts of the United States.

The importance of the Hmong in our community places a serious obligation on our part to ensure that we are well prepared for these new arrivals. At least in the short term, we know that these new arrivals will impact our medical, educational, and social service systems. Even more so, they will challenge the resources and capacity of Hmong families locally on whom they will be very reliant as they slowly adjust to their very different lives in the United States. Understanding those needs and preparing for those challenges thus becomes a significant obligation for our policy makers and for our service systems and their funding partners.

The successful integration of these new arrivals promises greater prosperity and cultural enhancement for our entire community just as we have witnessed with the integration of their families who preceded them here.

However, it is important to place this expected Hmong influx in perspective. In 2004 and 2005, we expect to receive locally more refugees from other areas of the world, particularly from Africa, than we will see from Wat Tham Krabok.

Historical Perspective

We continue to have an enormous debt owed by our country to the Hmong of Laos for the valiant and still largely unrecognized role they played in carrying out the U.S objectives throughout what we have always referred to as "the Vietnam war".

The Geneva Convention in 1954 marked the end of the French colonial period in Southeast Asia, divided Vietnam into Communist controlled North and U.S.-backed South, and banned the presence of foreign troops in the region.

Laos was seen as a vital strategic objective by both sides in establishing control in Southeast Asia, as much of "the Ho Chi Minh trail" used by North Vietnam to supply the ongoing struggle in the South was located in Laos. Not wanting to openly defy the ban on foreign troops in the region, risking direct confrontation with China and the Soviet Union, the U.S. began what has become known as "the secret war in Laos". The Hmong, fiercely independent and superb fighters, were originally recruited by the French to assist their own objectives in the region, took on the lead role for the U.S efforts to control Laos and to destroy the munitions and supply lines needed by North Vietnam to continue the armed struggle in the South. The Hmong waged this war on our behalf for more than 20 years, fighting against enormous odds, rescuing countless U.S pilots and other personnel downed by enemy fire and absorbing brutal and staggering losses. In per capita terms, if the U.S. had suffered an equivalent number of casualties in the war to that suffered by the Hmong, our death toll would have numbered some 20 million people.

In return for this enormous sacrifice, the Hmong were constantly reassured that the U.S would never abandon them and that the return for their suffering was the promise that their independent and untrammeled freedom in the hills of Laos would be restored and protected by the might of the U.S. When the Paris Peace Accords were signed in 1973, officially calling a halt to the U.S. war effort in Southeast Asia, we did what we promised we would never do: we turned our backs on the Hmong and left them to the unforgiving revenge of the North Vietnamese and the Communist Pathet Lao as they consolidated full control in Laos in 1975.

What ensued was the death and imprisonment of thousands of Hmong and the flight to Thai refugee camps for several hundred thousand more, many suffering grievous injuries from the decades long war.

From 1975 to 1995, in response to the debt owed to the Hmong in Laos, nearly 160,000 Hmong were resettled to the United States. Additionally, thousands more returned to Laos in a repatriation supervised by the UNHCR in the early 1990s. By the time the last official Hmong refugee camps in Thailand were closed

in the early to mid-1990s, there remained only an estimated 30-40,000 Hmong refugees in Thailand who did not yet feel it was safe for them to return to Laos and who continued to believe that waiting for conditions and political control to change in Laos was preferable to U.S. resettlement.
Some of these remaining Lao Hmong had close familial or social connections to Thai Hmong and were able to be absorbed in their largely rural villages in Thailand. For others, the only option was Wat Tham Krabok, a Buddhist temple located approximately 90 miles northeast of Bangkok. Starting over 20 years ago, Wat Tham Krabok gained a reputation as a place where, thanks to the intervention and influence of the Head Abbot of the temple, some limited protection would be offered to Hmong refugees from forced repatriation to Laos. The village that sprung up adjacent to the temple at one point, swelled to over 30,000 but conditions imposed by the Thai military and the growing uncertainty over the fate of this village has whittled the population to its current, 15,000+.

Over the past 10 to 12 years, this sizable village developed on land surrounding the Wat and an entire generation of children have been born and raised there. More than 50 per cent of the population is under the age of 15. For most of the past decade, the Hmong had relatively open access to seek work outside of the village, most working for surrounding Thai businesses and farmers. However, following the death of the Abbot several years ago, control of the area passed to the Thai military.

In December 2003, the US Government agreed to a request from the Royal Thai Government to interview the Hmong refugees of Wat Tham Krabok for resettlement to the United States. The eligible population for resettlement is anyone registered by the Royal Thai Government as living at Wat Tham Krabok between April and August 2003. The total number registered is 14,696. That resettlement processing began in late February, shortly before the arrival of our delegation and assessment team. Refugee determination interviews will be conducted by the U.S. Department of Homeland Security and are scheduled to begin in early May 2004. The Thai Government has vowed, once the U.S. resettlement processing is concluded, to close the down the current village and to disperse the remaining Hmong who either are rejected for the U.S. or who choose not to apply.

The U.S. State Department on March 26, 2004 stated that travel to the U.S. should begin no later than July. The U.S. should expect "significant travel over the summer" There is considerable pressure within the Department of State to complete as much of the processing as possible by the end of the federal fiscal year (9/30/04). Nevertheless, it is very possible that we will continue to see new arrivals stretching into late spring of 2005.

Current information on the numbers of individuals who are eligible to relocate to the United States by age group is:

Age	**Number**	**% of Population**
0-4	3,040	21%
4-14	4,584	31%
15-18	1,545	10.5%
19-24	1,602	11%
25-44	2,598	17.7%
45-64	1,320	9%
65+	7	.04%
Total	**14,696**	

THE ASSESSMENT

Members of the Wat Tham Krabok Assessment Team conducted interviews with Hmong refugees and others in the village from March 3 to March 11, 2004. Four formal assessment instruments were used to complete interviews with 91 families in camp representing 613 people. We also conducted 17 key informant interviews with persons, both refugee and non-refugee, whose position in Wat Tham Krabok could provide either a unique or expert perspective on life and conditions in the village. In addition, the assessment team spent several hours touring the village, assessing health and living conditions and seeing several critically ill Hmong in their homes.

Taken altogether, the information gathered by the Assessment Team represents a snapshot of the lives of people living in the camp. It does not purport to be a definitive examination of those lives nor can it describe the full spectrum of lives, views and aspirations of the people living there. We attempted to obtain information from a broad array of people that would give a better understanding of the diversity of strengths and needs in the camp but several factors imposed limits on our ability to fully accomplish this task.

First, the group of people we talked was self-selected. Nobody was required to talk with us and we recognize the likelihood that those eager to do so were people more likely to be 1) interested in resettlement to the U.S., 2) have familial connections to Minnesota, and 3) be physically able to make the trek from their homes to the interview area we set up. Contrarily, we were less likely to talk with people with no interest in resettlement, and people with severe disabilities and other health problems.

Second, the ground rules we established for who we would interview also played a role in limiting the diversity of people we would see. We conducted full assessment interviews only with people who had already gone through the initial stage of the resettlement processing being conducted concurrently by the UNHCR. This meant that the total pool of people available to us numbered only about 3,000 of the 15,000 residents of the village.

Finally, and probably most importantly, our ability to gather a more complete picture of the full mosaic of this fascinating village was limited by the small number of people conducting the interviews and the short amount of time we had to complete our work. Three Hmong-American team members worked the full eight days and three others spent a combined total of 5 days of interviewing before they had to return to Minnesota. Additionally, information, particularly on health conditions in the camp, was gathered in Thai by our team physician, the one fluent Thai speaker on the delegation.

In spite of these limitations, the information gathered and analyzed by the Assessment Team on the lives and conditions of Wat Tham Krabok gives a fascinating, and sometimes heartbreaking glimpse of a people who are aware that they are rapidly approaching a critical turning point in their 30 year exile from Laos. We have a better understanding of the unique situation that is life in Wat Tham Krabok. Therefore we will be better able to prepare for their arrival in Minnesota.

The Assessment Instruments

(Copies of the instruments are available in the Appendix E)

II. The Qualitative Assessment
N = 31

This interview was conducted with a stratified sample of the available population to attempt to gauge general living and security conditions in the camp, including access to work, to services and goods, and feelings of safety. The instrument was designed to gather opinions held on how those conditions

impacted people in the village generally rather than how they specifically impacted the respondent. The Qualitative Assessment was conducted with five females and five males in three different age groups: 1) older adolescents (15-20), 2) people in their 30s, and 3) people 50 years of age and older.

III. The Quantitative Assessment
N=60 families

This interview was conducted with 60 families and sought more specific, personalized information and opinions about how life in Wat Tham Krabok impacted the respondent and of their hopes and plans for the future. This assessment asked more specifically about relatives in Minnesota and Saint Paul, and queried people on health and disability issues, work skills and literacy.

IV. The SF-12 Health and Well-Being Survey
N = 57

The SF-12 is a brief standardized and normed instrument that seeks the respondent's opinions about their physical and emotional health and the degree, if any, to which they limit the respondent's ability to carry out normal life tasks. We conducted this survey with 57 individuals representing 375 family members. All SF-12 respondents also completed either the qualitative or quantitative assessment surveys.

V. The Quick PsychoDiagnostics (QPD)
N = 41

This unique electronic mental health assessment tool (digitaldiagnostics.com) was developed by Jonathan Shedler. PhD, Associate Professor in the Graduate School of Professional Psychology of the University of Denver and marketed by a company called Patient Tools, to be used as a self-administered electronic questionnaire that has been normed to assess nine common psychiatric diagnoses, including post traumatic stress disorder (PTSD), major depression, suicidal ideation and imminent suicide risk. It is widely used throughout the Kaiser HMO network, though this is only the second time it has been used in a refugee setting. A hand held box with a screen contains 168 questions in a diagnostic tree that automatically selects the next question based on the response to the previous question. The Hmong American team members determined ahead of time the Hmong translation to be used for the questions and administered the survey with 50 respondents (results from 9 interviews, unfortunately, were lost leaving us with full records from 41 individuals). Aggregate data collected in this interview was then sent over the Internet to Patient Tools who downloaded and graphed the results and returned them to us. This instrument was both powerful and effective in exploring and assessing the mental health of the respondents and helped to create an empathic and trusting relationship between the respondents and our Hmong American team members.

VI. The Key Informant Survey
N = 17

This assessment tool was conducted with people who were in a position to provide expert broad-based opinions about life and conditions in the village. We conducted 17 key informant interviews with representatives of the international organizations, U.S Embassy officials, Thai security officials, Village Section Leaders and elders, staff from the Thai-run medical clinic in the village, school officials with both the Hmong School in Wat Tham Krabok and the Thai public school in the nearby town where many of the Wat Tham Krabok children attended, and a Buddhist monk from the Wat Tham Krabok temple.

VII. Informal Village Observations and Non-structured Conversations

In addition to the above formalized assessment tools, with the active assistance and encouragement of the International Organization for Migration and UNHCR staff members, assessment team members had several occasions to walk through the four sections of the village. This provided the team with

opportunities for unstructured conversations with people in the village and to be able to match their observations of camp life with the information gathered during the more formalized interviews. Team members felt this provided a more well-rounded perspective on life in the village, and also gave us a glimpse at some of the health, disability, and severe poverty issues that the limited access to employment, services and basic needs were creating for some people there.

Every evening, the entire assessment team would de-brief the day, talking over both formal and informal discussions. Notes were taken at each of those meetings to capture the information that was gathered. In addition, all assessment team members, kept observations and journals that added to the discussion and learning about the lives of the people in the camp.

FINDINGS

I. General Condition of the Camp

The situation of the Hmong in Wat Tham Krabok is fairly unprecedented and represents a significant departure in the normal development of a refugee resettlement program. We had knowledge of this before the Delegation trip, but the result of the United Nations High Commissioner for Refugees (UNHCR) not designating the Hmong in this village as "refugees" has had a serious impact on the living conditions of those in Wat Tham Krabok.

UNHCR is the international body mandated with determining who is a refugee and with their care, protection, and the development of safe and durable solutions for them. Those solutions, in order of preference are: 1) safe and orderly repatriation to the country of origin; 2) resettlement in the neighboring country of first asylum; and last, and least used, 3) resettlement to a third country.

With the closure of the Hmong refugee camps in Thailand, the UNHCR officially ended the designation of the remaining Hmong as "persons of concern to UNHCR". With the removal of international recognition, the Hmong electing to stay in Thailand became, officially, illegal aliens, technically subject to the immigration laws of Thailand. For much of the past decade, there has been some protection for the Hmong of Wat Tham Krabok provided by the status of the head Abbot. With his death several years ago, the Thai government has made clear their intention to close the Hmong village there.

In April 2003, the Thai military fenced off the village with barbed wire and granted only very limited access for the Hmong to leave and others to come in. With this change, far fewer people have been able to work outside the camp and, for those without handicraft skills or supportive relatives abroad, this change has led to severe poverty and want.

This poverty has been a very serious issue as those affected have been unable to cope with the cost of basic needs such as food, water, medicines and education for their children. Normally, as a refugee situation is developing anywhere in the world, the UNHCR or, in some cases, the International Committee for the Red Cross or Red Crescent is quickly on the scene to advocate for the new arrivals, helping to establish, with the assistance of local or foreign non-governmental organizations basic housing, food and water distribution, medical care and other basic needs.

In Wat Tham Krabok, services to meet basic needs such as clean water, food, and medical care must be paid for. The widespread poverty in the camp required that people help each other, and many have had to pool resources to meet basic needs. Until early 2004, the UNHCR and the International Organization for Migration have not been present at Wat Tham Krabok, nor have their been non-governmental organizations providing services to the population.

Life in the traditional Hmong refugee camps in Thailand was, in some respects, similar to life in a prison. People were generally not allowed to start their own businesses or go outside of camp to work. The basic need for shelter, food, clothing and medical care was provided, but life was boring and filled with an endless tedium. There was always too much time and no challenges or stimulation to fill it up.

Up until a year ago, life in Wat Tham Krabok was very different. People not only could, but were expected to work. People could start up their own businesses and use their earnings to improve their life. Some refugees in Wat Tham Krabok have cars and motorcycles, something never seen in a refugee camp. People would get up early and put in long days for low wages but the wages they earned were their own. Life had more meaning and people were actively and productively engaged. A flourishing market opened daily in

the village and people could come and go to shop or visit friends in neighboring towns. Compared to the refugee camps, people had enhanced freedom to make their own decisions and live their own lives.

People purchase goods and services both in the camp and in neighboring Thai towns. Water, cooking fuel and some basic sanitation services are for sale from Thai vendors. Medical care and education is available, also for a fee, from a single Thai public health clinic at Wat Tham Krabok and a hospital outside the village. Poverty and want certainly existed for some in the village but employment was fairly accessible unless physical or mental health issues presented a barrier. In general, it appears that the level of severe poverty was low enough that the community's willingness to help each other out did not present an unsustainable burden.

In many respects, the village of Wat Tham Krabok much more closely resembled a rural Thai village than a refugee camp in its structure and its economy before April 2003, when the Thai military fenced the camp with barbwire. However, significant differences have always existed. First and foremost, it's residents lack legal status to be in Thailand. This means that they have been extremely vulnerable to exploitation; from earning wages considerably less than equivalent Thai laborers, to their access to the Thai criminal and civil justice system to seek redress from crimes and other wrongs committed against them, and to the costs assessed to them for basic needs and services, including education and medical care.

Since April 2003 and the fencing in of the village, the people in Wat Tham Krabok have limited ability to earn income. The village is now like a refugee camp with one significant difference: even though the economic freedom of the people in the village has been significantly eroded, basic needs still have to be bought and paid for, and at a price that many have not been able to meet

Technology

The Hmong at Wat Tham Krabok are more technologically savvy than previous groups through the exposure of radio, cell phones, and T.V. We noticed at least two homes with television sets and VCRs. Some of them knew of the Delegation before we arrived there, and at least one of the refugees we talked to had an email address. Also, for some refugees, relatives in the U.S. may have set up a bank account specifically for withdrawing money and then the person in the camp can use an ATM card to withdraw those funds. When the Assessment Team asked the assistance from the Hmong leaders in the village in setting up our worksite, one of them called on his cell phone to a local Thai business to arrange delivery of our tents.

The current camp is efficiently organized into subdivisions, each with leaders whose principle role is to communicate with local residents.

The camp is organized into four subdivisions, each with a male leader. Of the four, one also serves as the overall leader in the camp and represents the people in discussions with the monks and Thai authorities. As they see it, the main job of the leadership is to try to resolve conflict internally before they approach the military or the monks at the temple for assistance. By the time a problem reaches the military, it is because the leaders have failed to resolve the issue.

Summary demographics of those who participated in the assessment

The assessment team interviewed 91 families with 613 family members.

- Family size varied from 1 family with 1 person to 1 family with 23 members.
- 50% of the families had 6 or fewer members
- 19% of the families had 7 members or more

It should be noted that family groupings of those we interviewed were self-defined. We made no effort to break these groups into nuclear families as would be done for purposes of resettlement processing.

Therefore, the families we talked to frequently included grandparents, great grandparents, and adult married children. This is why the average age of head of families and all adults in a family is much older than would be the case had we only looked at nuclear families. There were 261 adults and 352 children in the families interviewed. The individuals were evenly split between males and females. The average age of the head of householder for the 91 families was 48. The average age of all adults in the family census was 40 years. Approximately 30% of households included members who were 60 or older.

Minnesota
Individuals were asked whether they had relatives in Minnesota

- 41% of the families didn't know if they had relatives in Minnesota
- 43% have relatives in Minnesota
- 15% said they didn't have relatives in Minnesota

II. Education

Current Situation
There are two formal school options for children living at Wat Tham Krabok. At the present time, 1,585 Hmong attend a Thai public school in the nearby village of Phra Phuttabhat. Another 1,808 students attend a school established at Wat Tham Krabok in February 2000. Taken together, there are 3,393 children in school out of a school age population of 6,129. In other words 2,736 school age children are not currently in school, primarily because 1) parents cannot afford to send their children to school, or 2) there is no room to enroll additional students as both schools are at maximum capacity. There are some private classes being conducted in people's homes in the village, but the number of students enrolled in these classes is assumed to be quite low.

Instruction at the Phra Phuttabhat school is in Thai and taught by Thai certified, university- trained teachers. Instruction is available only up to 9th grade. Illegal residents like the Hmong are ineligible for further education. Fees and tuition comes to approximately $45 per student per year. There are many families in Wat Tham Krabok for whom this cost is unreachable.

Since the December 2003 resettlement announcement, the school in Wat Tham Krabok has provided 3 two-hour class sessions daily before and after the regular daytime Thai class instruction. . Currently 998 students are attending 2 hours of English class Monday through Friday, and another 810 students are receiving instruction in Thai. Teachers receive a small stipend and there are almost no classroom supplies available. Most of the English teachers speak very little English and have little in the way of formal training. The school fee is 50 baht (about $1.10) per child per month.

Assessment Results
Access to formal education has been limited for the individuals living at Wat Tham Krabok. Sixty-three percent (63%) of adults have had no formal education. Access to education has been better for children. Thirty-seven percent (37%) of the girls and only twenty percent (20%) of the boys at the camp have had no formal education. While children have been able to participate in formal education, the amount of education they have received is very low.

Children
Information was recorded on 251 children between 6 and 18 about their level of education.

- Children had an average 2.5 years of education

- Children between 6 and 12 had fewer than 2 years of education
- Children 13 – 14 years had an average of 2 years of education
- Children 15 or older had an average of 3 years of education

Boys had more education than girls. The average boy had 3.3 years of education compared to 2 years for girls.

- 37% of the girls had no education
- 20% of the boys had no education

Adults

- 63% had no educational background
- 22% had between 1 and 5 years of school
- 15% had between 6 and 16 years of education

Literacy

Information is available about literacy in Hmong for 526 individuals.

- 32% report being able to read and write in Hmong at least somewhat
- 53% report being able to speak, read or write in Thai
- Of the 53% who have some literacy in Thai, 26% are only able to speak Thai
- 11% report some literacy in Lao, 7% are able to speak, read and write in Lao
- 7% expressed that they had some literacy in English

Of the 261 adults:

- 52% are literate in Hmong
- 33% are literate in Thai
- 15% are literate in Laotian
- Levels of literacy in English are low, 10% express some ability to speak a little English.

Of the Children:

- 10% have some literacy in Hmong
- 35% are literate in Thai
- Very few children speak Laotian
- Less than 4% have any knowledge of English.

Similar to refugees/immigrant to the U.S. in the past, the residents of Wat Tham Krabok are hoping for a better future for themselves and their children. There is a great deal of interest among adults in providing educational opportunities for their children.

Overall, the assessment team found that the people in Wat Tham Krabok have more literacy skills than previous generations of Hmong refugees who have come to the United States. However, that literacy is primarily in Hmong and Thai. There are very few people literate in English.

From a camp leader:

> *People are so worried about their children's futures. My parents made the decision to not go to the U.S. I was the youngest son. I plan to resettle in the U.S. to help my children.*

From a blacksmith in the camp:

> *I don't want my children to follow in my footsteps as a blacksmith. I want my children to go the U.S. and have a better job to earn more money.*

From a mother:

> *I want to take my children to a country where it will provide them with a better future.*

From a teacher:

> *I am extremely proud of the Hmong students. When you receive these students in your school, you will not be disappointed because they are bright and eager to learn.*

III. Employment/Self-Sufficiency

Current Situation

Prior to April 2003, the residents of the village of Wat Tham Krabok have largely been allowed to hire out their services to area employers, primarily local farmers, construction contractors, and a local rock quarry. Residents obtained their health care from clinics and hospitals outside of the village, many sent their children to a Thai public school in the neighboring town, and purchased their food and water from local Thai merchants.

Assessment Results

Technical and advanced work skills are minimal in the camp but people at Wat Tham Krabok have been working. Individuals were relatively self-sufficient before the Thai military erected the barbed wire fence. After the fence was erected and the Thai military took more active control of the camp, there are significantly fewer people allowed out of the village to work. The Hmong wait daily in a two-acre vacant lot inside of the village for Thai employers at 2:00 or 3:00 a.m. to come to select laborers. The Hmong earn about 100 baht a day, the equivalent of $2.50, roughly half the going wage for Thai laborers. Those exiting the village must return before 5 p.m. If they enter after that time, there are consequences from the military, most notably the loss of future access to work outside of the village.

Hmong-run businesses do operate in the camp and there are some specialty skills that exist: dentistry, qheej (a Hmong musical instrument) making, silversmithing, knife-making and a few shops that make Hmong clothes. However, the vast majority of people are not skilled in any of these trades. There is a local market that is mostly run by Thai merchants coming from the outside. They arrive around mid-day and sell food, water, and clothes until late evening. Almost all goods are purchased in the camp through the local market.

The other major means of earning money is through paj ntaub (Hmong needlework) and other handicrafts. Much of this work is exported to relatives in the United States for sale. There was some indication that some of their handicrafts would also be transported to Bangkok for sale to tourists. However, the consensus is that Hmong handicraft pays less than in the past and fewer people are able to support themselves from this source alone.

IV. Medical/Health

Current Situation
Basic survival needs are generally being met for those people with adequate sources of income. These needs include access to water, food, shelter, sanitation and wood for cooking. All aspects of camp life require having a source of income: there is a charge for water, for removal of garbage, for firewood, for pumping of latrines, food and materials to build simple thatch housing. It is the dry season in Thailand, and the camp is located next to a rock quarry, where daily blasting occurs. A thick layer of dust is suspended in the atmosphere over the camp.

The long standing existence of the camp, as well as the provision of basic survival needs means that diseases commonly seen in acute refugee crises, such as measles, malaria, severe malnutrition and acute war injuries, are not a major concern at Wat Tham Krabok.

There is no public health infrastructure for the camp. No morbidity and mortality data is available, aside from general categories of diagnoses for those patients seen at the camp clinic. There are no routine home visits done to assess health conditions that may not come to the attention of clinic staff.

Until less than 2 years ago, there was no dedicated medical resource for those people living in the camp. People received their medical care in local Thai clinics and the nearest referral hospital, Phra Phuttabhat, which is 4 km from the camp. There are no ambulance or emergency services available. The Thai government now provides very limited care through a small clinic staffed by 2 PH nurses and 1 PH officer 7 days per week, from 8:30-4:00 PM. Care is provided free of charge for those with no source of income, but patients report being heavily pressured to pay for all medications and services at the clinic. The clinic has no laboratory facilities, and no advanced medical equipment.

People living at Wat Tham Krabok do have access to more sophisticated medical care available to Thai nationals, including specialty care, laboratory facilities, and radiology facilities. However, all of such services are provided outside the confines of the camp, and beyond the reach of many people financially.

There is a rainwater and canal system in the camp that is about 2” deep in which dishwater and bathwater is dumped. Adults know to avoid it, but children play openly in it. It smells and looks dirty. There is a separate latrine system that, for a fee, a local Thai merchant will come to clean out. There is also trash pick up, but for several months now, the refugees say that this has not been happening.

Water is sold to refugees. The cost is 6 baht for two gallons or 5 baht for the same amount for bathing and other uses. For a family of 6, it costs about 35-40 baht (roughly $1.00) per day. Firewood also costs money. Enough firewood for a month costs around 500 baht ($12.50). As a comparison, going out to do physical labor for an entire day, an adult would earn around about100 baht ($2.50).

Assessments Results
The clinic at Wat Tham Krabok is used very infrequently. A camp population of 15,500 individuals results in only 20-40 clinic visits per day. Two primary reasons for this became immediately apparent:

- lack of money to pay for services, and
- lack of trust in the care provided.

We heard stories of children being struck by nursing staff at the local hospital, and women being coerced regarding contraception, including tubal ligations done at cesarean section without the woman’s permission. Assessment team members personally witnessed clinic staff heavily pressuring women who brought their

sick children in for care to receive Depo Provera that same day. Women do not access pre-natal care, and most births occur in family homes in the camp.

Most patients seen are children who were brought in by their parents. They commented that they feel pressured to pay for services even when they have no source of income, and feel that the clinic staff provided less than complete care to their families. The Assessment team physician observed clinic staff providing 5 days of a 10-day course of antibiotics, asking the patient to return for the final 5 days. This is a common practice in settings such as refugee camps, with concerns regarding black market sale of prescription medications. It is however a practice which engenders mistrust in the medical care delivery system.

Mass immunizations have occurred, and school children receive immunizations, but local experts feel immunizations are incomplete for those over the age of 2. Treatment for acute episodic illnesses, chronic diseases, and mental health issues are inadequate. This has resulted in significant and ongoing suffering for people living at the camp.

Patients with acute medical problems often delay seeking care, and those with chronic illnesses such as diabetes or cancer clearly do not have regular access to primary care providers or specialists. We observed patients with uncontrolled diabetes mellitus and cancer patients in severe pain without access to adequate end of life services. The toll in individual human suffering is immense.

Data from the outpatient clinic at Wat Tham Krabok for January and February 2004 revealed a high incidence of acute respiratory illness and skin diseases. Detailed diagnoses were not available for our review. Demographic data was also not available, but the vast majority of patients seen during the time we were present were infants and children with fevers, respiratory illnesses and skin problems. Because there is no laboratory facility at the Wat Tham Krabok clinic, the incidence of intestinal parasites and hepatitis B were not available. See Appendix D for details of diagnostic categories for those patients visiting the camp clinic.

General Impressions from Field Observations

Nutrition: Significant incidence of protein malnutrition in children ages 2 and up, including teenagers. Many children were seen with red hair and dry skin, consistent with mild protein malnutrition. There are many pregnant women who are obviously anemic.

Maternal and child health issues: Many children are marrying at the age of 13 and older, and there is a very high rate of young teenage pregnancy. Women over the age of 40 continue to have children. There is no pre-natal clinic in the camp, and pregnant women are not being given vitamins, folic acid or iron. Thai medical staff stated “they don’t come to clinic when they are pregnant”. Most deliveries occur at home, with complicated deliveries going to Phra Phuttabhat Hospital.

There is a general impression that there is a higher than normal incidence of birth defects among newborns. There are rapes reportedly occurring in camp, as well as abortions in camp. No standard mechanism for reporting protection issues exists, and data on complications of abortion do not exist.

Disabilities: many elderly were seen with cerebrovascular accidents (strokes) and partial paresis, hearing loss, old war injuries. People use bamboo poles as canes, and homemade wooden carts to transport the elderly through camp. Many partially deaf and/or mute people seen, with no formal training in sign language.

Tuberculosis: Prior to the arrival of the International Organization for Migration (IOM), there was no active case finding for TB. IOM has found 53 patients with TB or suspect TB to date, for an incidence rate of 4-5%. 10 families are responsible for these 53 cases to date. Of those 53 cases, 3 patients have died due to TB.

Chemical dependency issues: Some alcohol abuse is seen, particularly in teenager boys, and tobacco use is widespread. Urine drug screening for opiates and methamphetamine is being conducted by IOM prior to interviewing by the Department of Homeland Security (DHS). Of the 1,300 screens done weekly for the first 3 weeks, less than 1% are positive on screen, with the expectation that confirmatory testing may result in even fewer positives. (Patients are asked to bring in over the counter medications for analysis, as some may have tincture of opium from local markets.) Those people who test positive on confirmatory urine screen will not be eligible for US resettlement, and will not have a drug treatment program offered to them. (The latter is a departure from previous policy, when an active opium detoxification program was offered form Hmong in refugee camps in northern Thailand.)

Results from SF –12 (Survey of Health and Well-Being)
In reviewing the results from the SF – 12 it is important to remember that the interviews were not conducted randomly and results cannot be generalized to the population at Wat Tham Krabok. The results provide some useful information about individuals at the camp. Fifty-seven (57) individuals were screened. The following looks at the results by age and gender. There were 19 males and 38 females interviewed. See Appendix C for complete results.

- Only 6% of individuals (14-25) rate their health as fair or poor, compared to 41% of individuals (60+) who rate their health as fair or poor.
- Older individuals are much more limited in their ability to do moderate activities (33% limited a lot), compared to younger individuals (6% limited a lot).
- Only 17% of individuals over 60 stated that they are not limited in their ability to accomplish moderate activities.
- 82% of individuals 60 or older accomplished less than they wanted as a result of their physical health.

During the past 4 weeks, how much did pain interfere with your normal work?

- 71% of 14 – 25 yr olds said not at all compared to only 9% of respondents over 60.
- A quarter of individuals 40 – 59 stated that pain interfered with their normal work quite a bit.
- 72% of individuals 60 or older stated that pain interfered with their normal work moderately or quite a bit.

Differences by Gender

- When looking at the results comparing men and women, women report poorer health and higher levels of impairment as a result of physical or mental health problems.
- 50% of women stated that pain interfered with their normal work either moderately or quite a bit compared to 12% of the men.

V. Social Service and Mental Health Needs

Current situation
There are no social services in the camp. The Hmong clan system is still very much in place in the camp and there is a strong reliance on family and friends in the camp in times of need. Clan leaders provide protection, help, and decision making when there is conflict among families. Hmong ceremonies, rituals, and traditions have been kept alive in the camp.

Over the course of nearly 30 years of exile, there has been severe disruption of family relationships. The assessment team reported higher than expected incidence of distantly or un-related youth and adults banded

together as family units. Several individuals reported to the assessment team that they had lost virtually all of their original family members to disease or forced separation.

Assessment Results
Individuals and families have had been impacted by the war in Southeast Asia, continuing fighting with the communist government in Laos, displacement from their lands and the living situation in Thailand. Many of the younger individuals have lived their entire lives as refugees. An unstable and sometimes terrifying living situation, inadequate nutrition and poor health care leads to a prediction of a higher than normal frequency of disabilities among the residents of Wat Tham Krabok.

Special Needs
As was discussed earlier in this report, our interviews were not conducted randomly. People we talked to were self-selected. Nobody was required to talk to us and we tried to make it very clear that our interviews were totally unconnected to the resettlement processing. We assume that this self-selected sample of the camp that we did interview tended not to be people with special physical or mental needs that would make it more difficult to come and see us. By the same logic, the more severe the disability, the less likely it is that we had a chance to interview them. Therefore, based only on our assessment results, we can predict that we would significantly underreport disabilities and special physical and mental health needs.

The Assessment Team encountered at least 6 deaf and/or mute individuals and one person who probably had a serious and persistent mental illness. All of them were fully integrated into camp life, taking care of children or going about their daily tasks to assist their families. People in the camp were supportive of these individuals in how they communicated and gave them roles to contribute to camp life.

The health section discusses observing a high incidence of protein malnutrition in children ages 2 and up, including teenagers. Many children were seen with red hair and dry skin, consistent with mild protein malnutrition.

Mental Health
The mental health assessment should be considered in the context of the camp situation. Refugees are worried about their everyday lives and how to survive: if they will go hungry today; if they can earn money; if they will stay healthy and strong to help their families; if they will be eligible to resettle in the United States. Several individuals in the camp discussed the concerns of people at Wat Tham Krabok:

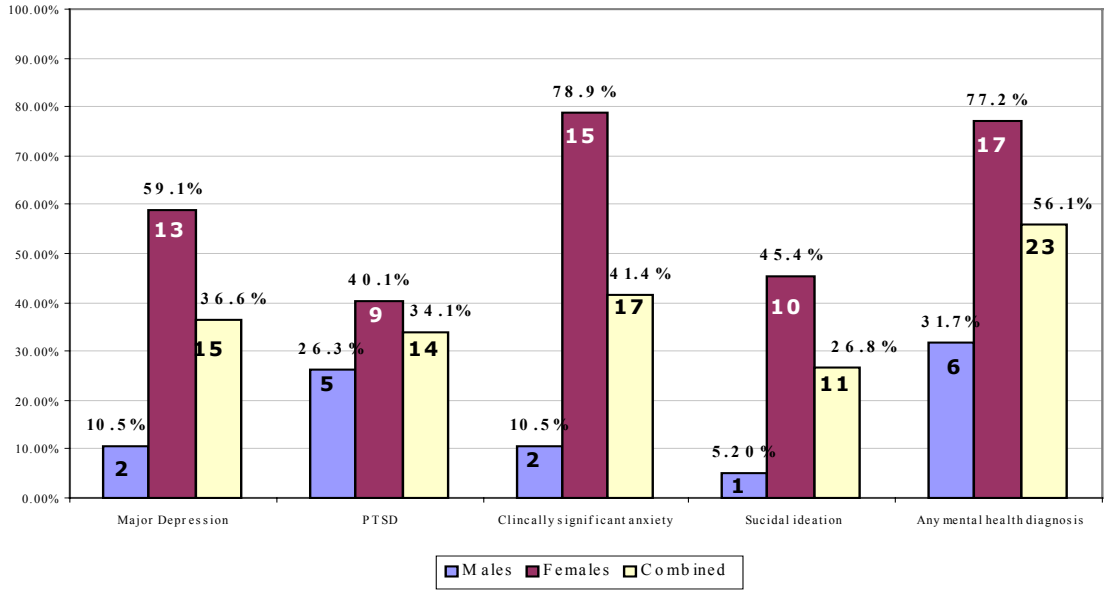
> *People are desperate about their status and inability to see the outside world. They are so worried about their children's futures.*
>
> *Hmong have worries about their children, education, job skills, etc. How will this work begin? I would like to know how to begin life in the U.S. What do we need to know? What do we have to learn? How do we begin? Knowing the basic steps to getting started in the U.S. will help to alleviate a lot of stress in people.*
>
> *There is a lack of commitment and reassurance given to those who will be left behind after the exodus to the U.S. Not everyone will be going and nobody knows what will happen to those who don't. This is extremely stressful.*
>
> *I worry about my future. My husband was injured in the war. He lost one of his legs. I don't think he will be able to help me. I will need help taking care of my children.*

Much of the depression and anxiety with the refugees we assessed was related to the processing that was currently taking place to determine refugee status and their ability to resettle in the United States. Of most concern to individuals was the fear that a medical condition would prohibit them from resettling. The stress and desperation the refugees have about their living conditions came out in the mental health assessment. The Assessment Team found that they could help people considerably simply by providing adequate information in the Hmong language about the refugee determination process and acknowledging their fears.

The Assessment Team completed 50 mental health assessments. However, 9 were lost due to computer problems. A total of 41 cases had results. There were 19 male, and 22 female respondents. The age range was 15 to 70.

- Roughly 56% of the sample that we assessed had any kind of mental health diagnosis.
- More women than men had any kind of mental health diagnosis. This includes major depression, anxiety, post-traumatic stress disorder (PTSD) and suicidal ideation.
- There were more women in the 45 and over age group to have a diagnosis of major depression than all other groups and more likely to have suicidal ideation than all other groups.
- Men tended to have less major depression, 36.6%.
- The incidence of Post Traumatic Stress Disorder (PTSD) was higher for females than males. 26.3% of men versus 34.1% of women.

Psychiatric Diagnoses in Hmong Refugees at Wat Tham Krabok, Thailand



* Quick PsychoDiagnostics www.digitaldiagnostics.com WTK Assessment Team March, 2004

There may be good reasons why more women had diagnoses than the men. First, Hmong women have less social power and control over their lives because of the patrilineal clan based system. Women are less likely to have any formal education or to be literate in any language, and would worry more about their ability to earn a living and live satisfying lives in a highly literate society. Women are the caretakers for their families and more frequently expressed worries about their children in addition to themselves throughout the interviewing process. Finally, all but one of the Hmong American interviewers were women, which could also have biased the respondent's answers. (See Appendix E for copies of the assessment instruments)

ASSESSMENT CONCLUSIONS

Personal and Community Strengths

- Unlike earlier migrations there is a strong and active Hmong community that is excited to have their relatives join them.
- The Hmong community is a diverse community with social services agencies, churches, restaurants, grocery and other retail stores and many resources for the new immigrants. There are Hmong lawyers, teachers, social workers, doctors, nurses, psychiatrists and psychologists.
- The public sector in Ramsey County and Saint Paul has Hmong staff and resources that are able to more effectively address the needs of the new immigrants.
- Family members in the United States and elsewhere who send money to relatives in camp have provided a critically important source of revenue for families in the camp. Those who do not have relatives overseas, or a way to generate income at Wat Tham Krabok, are the most vulnerable when they become ill. In Minnesota, we will only be receiving Hmong with relatives already here. This will continue to represent a significant resource for support and adjustment for our new immigrants.
- Unlike many refugee situations, the Hmong of Wat Tham Krabok have had to work very hard to survive there. It is a remarkably self-sufficient population without any expectation that their basic needs will be provided.
- Hmong families value education and try to make sure their children are in school, regardless of their financial status.
- People have had long exposure to the western medical model and are more aware of the benefits of western medicine than previous generations. They are excited about having access to medical care and do not express concerns in this regard.
- People are very resourceful, obtaining money for medical care from many sources, going to pharmacies themselves, and accessing the local Thai care system outside of the camp frequently.

Summary of Key Issues Arising from the Assessment

Education

- 52% of the residents of the camp are 14 or younger
- Children will be likely to learn to speak English quickly because they are very bright and eager to learn. The Assessment Team found that there is a higher rate of literacy than with previous Hmong refugee arrivals. Depending on the pace of resettlement, there is likely to be a dramatic impact, particularly in the elementary schools, but the Saint Paul Public School system has had a very successful history of educating Hmong youth.
- There are significant numbers of married teenagers with children so programs for teen mothers aged 15-21 will need to be prepared.
- We will need to ensure that refugee children, particularly those who are 0-5 are screened for health problems and developmental delays because of chronic malnutrition identified in the camp.
- Opportunities for education for adults in the village are extremely limited.
- Immunization records for the school-age children will need to be carefully reviewed and assessed.

Employment and Self-Sufficiency

- Individuals from Wat Tham Krabok have a history of hard work and self-sufficiency.
- Adults will have a more difficult time transitioning and learning English. The community will need to assess whether there is sufficient capacity and resources for Adult Basic Education.

- These young families will also be in need of affordable childcare services in order to go to work, learn English, and be productive members of society once they resettle.
- Technical and advanced work skills are minimal. Most relied on physical labor, needlework and other handicrafts as a means of income. Job training, mentoring and technical skills education will need to be an important element of the resettlement effort.

Health Needs

- The health section discusses observing a high incidence of protein malnutrition in children ages 2 and up, including teenagers. The potential impact of chronic malnutrition on the developmental progress of children is a concern.
- Young children and older adults are the most likely to be sick due to the poor living condition in the camp. Disabilities, maternal and child health, chronic illness and mental health issues are significant.
- People are generally familiar with and very accepting of the western medical treatment model. Most are eagerly looking forward to having access to good medical care, something that has been noticeably missing for many in the camp.
- There needs to be good public health outreach, education, and promotion for these new arrivals as those services have not been present at Wat Tham Krabok.
- Screenings and medical visits will require extra time. The medical community should collaborate to standardize protocols and best practices for new arrival medical and mental health screening.
- The medical community will need to make conscious efforts to establish trust with the new refugees because of previous mistrust within the Thai medical system.

Social Service and Mental Health Needs

- There are significant mental health issues uncovered through our assessment that should be dealt with prior to and after arrival. We found a lot of depression and anxiety, of which much is situational and attributable to their life situation, physical health issues, and the powerlessness they feel over whether they will be allowed to resettle to the United States.
- Because of life conditions spanning nearly 50 years of war and exile, and the prevalence of malnutrition at Wat Tham Krabok, we should anticipate a higher than normal incidence of developmental and other disabilities.
- After an initial sense of hopefulness and euphoria over the opportunity to resettle in the U.S., it is normal for the reality of how difficult this transition is to seriously erode morale. Connecting and maintaining communication with new arrivals will be important to combat isolation and promote successful adjustment.

Housing

- Newly arriving refugees are going to be dependent on their U.S. families to share or help them find and pay for new housing upon their arrival. This will be a very difficult issue for many families because of the cost of housing and the lack of any significant amount of subsidized housing units available.

Next Steps

Recommendations for immediate action in Wat Tham Krabok

There are a couple of important steps that we strongly recommend prior to the refugee departure from Wat Tham Krabok. In each case, the sooner they can be implemented, the more likely it is that these interventions can be successful.

- **Hmong-American public health and mental health professionals should be immediately placed in the camp to work with the refugees.** The assessment team is concerned about the high degree of major depression, PTSD, and severe anxiety seen in our surveys. Specifically, we are concerned with the potential for suicide being unusually high in the village. These professionals could help refugees cope with the severe stress exacerbated by the U.S. resettlement processing and the deep concerns people are feeling over the potential break up of families resulting from resettlement. We know from experience that information in the Hmong language is able to alleviate the situational stress causing at least some of the current depression and anxiety.

- **Immediately establish a public health and primary care infrastructure at Wat Tham Krabok that provides free care. This is best accomplished through the use of international or non-governmental organizations, many of which have been working with the Hmong in Thailand for decades.** The sick are not going to the existing camp clinic or Thai hospital because of a lack of money and a lack of trust in the care provided there. We are particularly concerned that patients with tuberculosis are not receiving true directly observed therapy. People are suffering unnecessary death and disability because of the lack of access to health care. Establishing a system now that provides adequate free care is the ethical thing to do, will result in less immediate morbidity, and will result in fewer people coming to the United States with poorly controlled medical problems.

- **Hmong American teachers with basic ESL elementary and adult education experience should be sent to Wat Tham Krabok.** These individuals will help train and supervise camp teachers and assist with classroom instruction for the next 6-8 months. The level of English language literacy and speaking ability is significantly lower in Wat Tham Krabok than we have typically seen in refugee camps in Thailand. Even a few months of intensive English language study could make a significant impact on the successful resettlement of these refugees. The camp school staff is currently overwhelmed, under-trained and under-supplied. There is also a critical need for supplies, texts and workbooks for all classes. School districts likely to be most impacted, both here in Minnesota and other states should make every effort to assist in the raising of resources.

- **Individuals who have positive urine drug screens should be offered treatment programs, and re-tested rather than being permanently rejected from US resettlement.** Previous refugee camps for the Hmong have had opium detoxification programs that have met with some success. This group should not be handled differently from others, and rehabilitation programs should be offered. (The point has been made that the US did not screen out Hmong who assisted the US during the war in Laos based on drug testing.)

Steps To Prepare Our Community for New Arrivals

- **The assessment team hopes that this report provides information that will facilitate understanding of the conditions people have experienced in Wat Tham Krabok. Though we have highlighted a few recommendations that seemed to us very compelling, we do not presume to know how that information can best be used to prepare all service sectors for our new Hmong arrivals. We gratefully turn that task over to the many experts in our community and hope that this report assists you to provide a welcoming and helpful response as the Hmong begin to arrive.**

- **The Adult Basic Education professionals should conduct a full assessment of our community's capacity and resources to provide beginning ESL for up to 1,500 new adult learners over the next 8-10 months.**

- **All area school districts should prepare for new refugee students who have had minimal, and in many cases, no access to previous education.** In addition to concerns that environmental and nutritional factors may have caused a higher than normal incidence of developmental delays, few will have had adequate preparation for the American classroom. While it is expected that the children will adapt quickly, the initial months in school will require accommodation by the individual school districts.

- **We need to ensure that we are prepared to provide physical and mental health screening for all our new arrivals in a timely manner. The medical community should collaborate on establishing best practices in physical and mental health screening, and these recommendations should be shared widely.** Hospitals, clinics and health plans should collaborate with the Minnesota Department of Health Refugee Health Program in this regard. Innovative social adjustment programs should be supported, particularly those which deal with mental health issues, maternal and child health issues, and the disabled.

- **The Minnesota medical community should prepare for an influx of refugees with chronic illness and disability, including children with birth defects, the hearing-impaired, elderly with war wounds, and chronic illness such as diabetes and hypertension.** Maternal and child health issues will be significant, with a high incidence of teenage marriage and pregnancy. Tuberculosis will be in all likelihood the major infectious disease requiring follow up, but detailed data from the international Organization for Migration and Centers for Disease control screening is not available as of yet. Immunization coverage particularly for younger patients may be more complete than for previous refugee groups, but adequate records may be lacking, and adults may have inadequate vaccination coverage. New arrival screening protocols should consider including serologic screening for common vaccine preventable illnesses. Mental health issues may be very significant, with a high incidence of major depression, PTSD, anxiety and suicidal ideation.

- **All service and educational organizations need to plan on a significant need for Hmong interpreter services.** English language classes have only been widely demanded since the resettlement announcement in December 2003 and prior to that, most children who had access to education were being instructed only in Thai.

- **Employment services, technical skills education, and other job training programs should be prepared for a population that, while very accustomed to working, has very few technical or advanced job skills, and thus not well equipped for the employment market in the U.S.**

- **As a community we will need to explore any and all possibilities to identify and to temporarily help to fund housing solutions for newly arriving refugees.** Refugees will arrive with few personal

resources and many U.S. families will not be in a position to pay the cost of additional housing for their newly arriving relatives. As a community, we will need to identify creative solutions to this very serious potential barrier to successful resettlement.

- **Organizations should incorporate the Hmong community or Hmong staff into planning for the new Hmong refugee arrivals.** There is a wealth of resources that Minnesota has that other communities do not, and we should take advantage of those who have been very successful in America.

Appendices:

A. Donors for the Wat Tham Krabok Delegation

B. Delegation Members

C. SF-12 Health And Well-Being Results

D. Quick PsychoDiagnostics (QPD) Results

***E.* Assessment Instruments**

F. Wat Tham Krabok Outpatient Clinic Diagnoses, January – February 2004

Appendix A

Donors of the Delegation Trip to Wat Tham Krabok
(With Appreciation)

1. **The Saint Paul Foundation**

2. **The F.R. Bigelow Foundation**

3. **The St. Paul Pioneer Press Knight Foundation**

4. **The 3M Foundation**

5. **Xcel Energy Corporation**

6. **The McKnight Foundation**

Appendix B

The Saint Paul/Ramsey County Delegation and Assessment Team To Wat Tham Krabok Thailand

February 27 – March 11, 2004

Mayor Randy Kelly	Mayor of the City of Saint Paul
Jim McDonough	Ramsey County Board of Commissioners
Debbie Montgomery	Saint Paul City Councilmember
Susan Kimberly	Senator Norm Coleman's Office
Sia Lo	Mayor Randy Kelly's Office, City Attorney's Office
Laura Mortenson	Communications Director, Mayor Randy Kelly's Office
Dave Boll	Saint Paul Police Department
MayKao Hang**	Director, Adult Services – Ramsey County Community Human Services Department
Patricia Walker, MD DTM&H*	Medical Director, Center for International Health, Health Partners/Regions Hospital
Tom Kingston*	President, Amherst H. Wilder Foundation
KaoLy Ilean Her*	Representative Betty McCollum's Office, Director, the MN State Council on Asian and Pacific Islanders
KaZoua Kong-Thao*	Saint Paul Public Schools – School Board Member
Mo Chang*	St. Paul Public Schools - Charter School Liaison & Special Projects Coordinator
Mao Thao, *	St. Paul/Ramsey County Department of Public Health Hmong Health Coordinator
Tou Cha*	Saint Paul Police Department
Valeria Silva*	Director, ELL Programs, St. Paul Public Schools
Tom Kosel*	Director, Catholic Charities Refugee and Immigrant Services Program
John Borden*	Deputy Director, International Institute of Minnesota
Jim Anderson*	Planner, Ramsey County Community Human Services Department

* Assessment Team Member
** Assessment Team Leader

Appendix C
SF-12
Your Health and Well-Being Survey

Results by Age for SF-12

Age	N
14-25	**17**
26-39	**17**
40-59	**11**
60+	**12**

1. In general, would you say your health is?

14-25	12%	35%	47%	6%	0
26-39	6%	18%	59%	12%	0
40-59	4%	15%	44%	33%	4%
VIII. 60+	0	17%	42%	33%	8%
IX. Age	**Excellent 1**	**Very Good 2**	**Good 3**	**Fair 4**	**Poor 5**

2a. Does your health now limit you in moderate activities (washing clothes) during a typical day? If so, how much?

Age	Limited a lot	Limited a little	Not Limited
14-24	6%	23.5%	71%
27-38	6%	6%	87%
40-59	11%	22%	67%
60+	33%	50%	17%

2b. Does your health now limit you in moderate activities (carrying water or wood) during a typical day? If so, how much?

Age	Limited a lot	Limited a little	Not Limited
14-24	6%	29%	65%
27-38	12%	0	87%
40-59	18%	18%	63%
60+	45%	36%	18%

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Age	Accomplished Less than you would like. % Yes	Were limited in the kind of work or other activity % Yes
14-24	18%	12%
27-38	19%	12%
40-59	41%	33%
60+	82%	82%

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems?

Age	Accomplished Less than you would like. % Yes	Were limited in the kind of work or other activity % Yes
14-25	59%	41%
26-39	47%	44%
40-59	48%	48%
60+	73%	73%

5. During the past 4 weeks, how much did pain interfere with your normal work?

Age	Not at All 1	A little Bit 2	Moderately 3	Quite a Bit 4	Extremely 5
14-25	71%	18%	6%	6%	0
26-39	62%	19%	0	19%	0
40-59	44%	15%	15%	25%	0
60+	9%	18%	36%	36%	0

6a. Have you felt calm and peaceful in the last 4 weeks?

Age	All of the Time 1	Most of the Time 2	A Good Bit of the Time 3	Some of the Time 4	A Little of the Time 5	None of the Time 5
14-25	12%	53%	0	12%	18%	6%
26-30	14%	36%	14%	14%	7%	14%
40-59	8%	28%	12%	16%	28%	12%
60+	8%	42%	8%	0	25%	17%

6b. Did you have a lot of energy in the last 4 weeks?

Age	All of the Time 1	Most of the Time 2	A Good Bit of the Time 3	Some of the Time 4	A Little of the Time 5	None of the Time 6
14-25	12%	47%	29%	0	6%	6%
26-39	14%	43%	0	36%	7%	0
40-59	12%	32%	16%	28%	12%	0
60+	8%	33%	8%	25%	17%	8%

6c. Have you felt downhearted and blue in the last 4 weeks?

Age	All of the Time 1	Most of the Time 2	A Good Bit of the Time 3	Some of the Time 4	A Little of the Time 5	None of the Time 6
14-25	0	12%	18%	18%	29%	24%
26-39	21%	14%	7%	21%	36%	0
40-59	16%	28%	16%	12%	28%	0
60+	33%	17%	0	17%	17%	17%

Age	All of the Time 1	Most of the Time 2	Some of the Time 3	A little of the Time 4	None of the Time 5
14-25	29%	6%	12%	12%	41%
26-39	21%	7%	14%	14%	43%
40-59	16%	28%	16%	12%	28%
60+	33%	25%	25%	17%	0

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities?

Results by Male/ Female

Male N = 19
Female N = 38

1. In general, would you say your health is?

2a. Does your health now limit you in moderate activities (washing clothes) during a typical day? If so, how much

Gender	Limited a lot	Limited a little	Not Limited
Male	6%	18%	71%
Female	18%	29%	53%
Overall	14%	29%	57%

2b. Does your health now limit you in moderate activities (carrying water or wood) during a typical day? If so, how much?

Gender	Limited a lot	Limited a little	Not Limited
Male	12%	18%	71%
Female	24%	29%	47%
Total	20%	25%	54%

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Gender	Excellent	Very Good	Good	Fair	Poor
Male	11%	33%	44%	11%	0
Female	3%	16%	45%	32%	5%
Overall	5%	21%	45%	25%	4%

Gender	Accomplished Less than you would like. % Yes	Were limited in the kind of work or other activity % Yes
Male	29%	18%
Female	47%	45%
Total	42%	36%

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems?

Gender	Accomplished Less than you would like. % Yes	Were limited in the kind of work or other activity % Yes
Male	29%	23%
Female	68%	63%
Total	56%	51%

5. During the past 4 weeks, how much did pain interfere with your normal work?

Gender	Not at All	A little Bit	Moderately	Quite a Bit	Extremely
Male	65%	23%	12%	0	0
Female	37%	13%	18%	32%	0
Total	45%	16%	16%	22%	0

6a. Have you felt calm and peaceful in the last 4 weeks?

Gender	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
Male	11%	50%	11%	11%	11%	6%
Female	8%	33%	6%	11%	31%	11%
Total	9%	39%	7%	11%	24%	9%

6b. Did you have a lot of energy in the last 4 weeks?

Gender	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
Male	28%	44%	17%	6%	0	6%
Female	3%	33%	19%	25%	17%	3%
Total	11%	37%	18%	18%	11%	4%

6c. Have you felt downhearted and blue in the last 4 weeks?

Gender	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
Male	6%	17%	22%	11%	22%	22%
Female	19%	22%	8%	17%	28%	6%
Total	15%	20%	13%	15%	26%	11%

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities?

Gender	All of the Time	Most of the Time	Some of the Time	A little of the Time	None of the Time
Male	17%	11%	11%	22%	39%
Female	28%	25%	19%	8%	19%
Total	24%	20%	17%	13%	26%

Appendix D

Quick Psychosocial Diagnostics (QPD) Results

N=41, 19 male, 22 female
Mean age=38.6 (s.d.=17.3), range=15 to 70

Any* mental health diagnosis		Male	Female	Total
Negative	<21	3	1	**4**
	21-45	5	3	**8**
	>45	5	1	**6**
	Total	**13**	**5**	**18**
Positive	<21	1	4	**5**
	21-45	3	5	**8**
	>45	2	8	**10**
	Total	**6**	**17**	**23**

% positive, total sample: 56.1%
% positive, males: 31.6%
% positive, females: 77.2%

*diagnoses include: generalized anxiety disorder, panic disorder, PTSD, anxiety NOS, major depression, dysthymic disorder, bipolar disorder, depression NOS, substance abuse, bulimia

Major Depression

		Male	Female	Total
Negative	<21	4	4	**8**
	21-45	6	4	**10**
	>45	7	1	**8**
	Total	**17**	**9**	**26**
Positive	<21	0	1	**1**
	21-45	2	4	**6**
	>45	0	8	**8**
	Total	**2**	**13**	**15**

% positive, total sample: 36.6%
% positive, males: 10.5%
% positive, females: 59.1%

Posttraumatic Stress

		Male	Female	Total
Negative	<21	3	2	**5**
	21-45	6	6	**12**
	>45	5	5	**10**
	Total	**14**	**13**	**27**
Positive	<21	1	3	**4**
	21-45	2	2	**4**
	>45	2	4	**6**
	Total	**5**	**9**	**14**

% positive, total sample: 34.1%
% positive, males: 26.3%
% positive, females: 40.1%

Clinically significant Anxiety

		Male	Female	Total
Negative	<21	4	2	**6**
	21-45	6	3	**9**
	>45	7	2	**9**
	Total	**17**	**7**	**24**
Positive	<21	0	3	**3**
	21-45	2	5	**7**
	>45	0	7	**7**
	Total	**2**	**15**	**17**

% positive, total sample:41.4%
% positive, males: 10.5%
% positive, females: 78.9%

Suicidal ideation

		Male	Female	Total
Negative	<21			
	21-45	1	0	**1**
	>45	1	2	**3**
	Total	**2**	**2**	**4**
Positive	<21	1	1	**2**
	21-45	0	3	**3**
	>45	0	6	**6**
	Total	**1**	**10**	**11**

% positive, total sample:26.8%
% positive, males: 5.2%
% positive, females: 45.4%

1. The mental health needs in this population are considerable, especially among the women. 77% of the woman and 32% of the males appear to meet DSM-IV criteria for at least one mental heath diagnosis.

2. The most prevalent mental health diagnoses are posttraumatic stress disorder (PTSD) and major depression. PTSD was observed in 40.1% of the women and 26.3% of the men. Major depression was observed in 59.1% of the women and 10.5% of the men. Among respondents with major depression, the severity of symptoms was severe.

3. There is a high rate of suicidality, especially among women. 45.4% of the women report suicidal ideation (thoughts about suicide), and 30.8% appear to be at imminent risk (reporting a specific suicide plan).

4. Severity of depression is age related, with older females suffering the most. Among females, the correlation between age and depression severity is $r=.63$ ($p<.05$).

5. The discrepancy between men and women in rate of depression may reflect greater vulnerability among women, or it may reflect cultural factors which discourager Hmong males from reporting depressive symptoms. It is possible that the prevalence of depression among males is considerably higher than reported.

6. Depression and PTSD are often co-morbid, which has significant treatment implications. Treatment should focus on PTSD; treatment for depression may be ineffective if PTSD is untreated.

Appendix E

Assessment Instruments

1. **Qualitative Interview**
   Completed for 5 males and 5 females in the following age categories:
   - **Older adolescents – 15-20**
   - **Persons in their 30s**
   - **Persons 50 and older**

2. **Quantitative Interview – The Family Census**

3. **SF-12 – Health and Well-Being Survey**

4. **Key Informant Interview**

(Note: The assessment instruments also included the Quick PsychoDiagnostics Electronic Assessment whose results are summarized in Appendix C)

Qualitative Interview

Procedures: Interview 30 people and stratify the sample by age.

1. Ten individuals (5 male/5 female) who are 50+
2. Ten individuals (5 male/5 female) who are in their 30s
3. Ten individuals (5 male/5 female) who are in their late teens.

Interviewee is: Age_____
Sex_____

Demographics Family Group #_____ Family Name _____
(As defined by the UNHCR)

How many people are in your family?

# of Adults_____ # of Children _____

Adult M/F	**Age**	**Yrs of Ed**	**Language (S, R, W)**
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:

Child M/F	**Age**	**Yrs of Ed**	**Language (S,R,W)**
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:

Additional Children:

Experience in the Camp

5. When did your family arrive in Thailand? **Xyoo twg koj tsev neeg tuaj txog Thaib teb?**
year_____

Were you in another refugee camp before coming to Wat Tham Krabok? **Ua ntej nej los nyob TK, neb nyob qhov twg? Ua cas nej ho khiav los ntawm no?**

How long has your family lived at Wat Tham Krabok? ____years **Nej nyob hauv TK tau pes tsawg xyoo lawm?**

What is a typical day in the camp? **Nej niaj hnub nyob hau TK, nej uas dab tsi xwb?**

What do you think about relocating to the United States? **Koj xav li cas txog mus teb chaw Meskas?**

What are you worried about? **Koj txhawj txog dab tsi nyob teb chaws Meskas?**

Health Questions

When someone is sick how do you find help? Dental? (Appearance)/**Thaum nej muaj mob muaj nkeeg, nej nrhiav kev pab li cas?**

What type of illness are the most common? **Yam mob uas tib neeg nyob hauv TK mob coob tshaj plaws yog dab tsi?**

What do you worry the most about Western medicine? **Yam uas koj txhawj txog kho mob nyob teb chaws Meskas yog dab tsi?**

Has there been enough food for everyone? **Puas muaj zaub mov txaus rau sawvdaws noj?**

What type of food do you serve your family every meal? **Nej niaj hnub noj zaub mov dab tsi xwb?**

Job Skills & Educational Questions

How accessible is education to you? (Where is the school, when does it occur?) **Ntawm no puas muaj tsev kawm ntawv? Lub tsev kawm ntawv nyob qhov twg? Thaum twg yog thaum nej kawm?**

What do you know about schools in the U.S.? **Koj sim piav seb koj tau hnov li cas txog kev kawm ntawm no teb chaw Mekas?**

What are the ways that people earn a living? **Kev nrhiav noj nrhiav haus zoo li cas nyob hauv TK?**

Is there enough housing for everyone? ***Vaj tsev puas muaj txaus rau nej nyob?***

Safety

Is there crime in the camp? What kind of crime? **Puas muaj kev sib tua sib ntaus, tub sab tub nyiag hauv TK? thiab lwm yam teeb meem?**

Are there any police here? Are the police Hmong? Thai? **Puas muaj tub ceev xwm? Lawv yog hmoob los yog Thaib?**

Do people generally feel safe here at the Wat? **Puas muaj tej yam ua rau nej ntshai nyob hauv TK?**

What do you think are the main things that people will need when they get to the United States? Koj xav tias tib neeg tuaj mus txog teb chaws Meskas, lawv yuav xav kom tau kev pab zoo li cas?

Education	_____	Kev kawm ntawv
Medical care	_____	Kev kho mob
Job Training	_____	Kev qhia ua hauj lwm
Financial Assistance	_____	Nyiaj pab ntawm tseem fwv Meskas
Housing	_____	Tsev Nyob
English classes	_____	Kev kawm ntawv Meskas
Other	_____	Lwm yam?
	_____	
	_____	

Family Census Family Group #_____ Family Name _____
(As defined by the UNHCR)

How many people are in your family?

# of Adults_____ # of Children _____

Adult M/F	Age	Yrs of Ed	Language (S, R, W)
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:

Additional Children:

Child M/F	Age	Yrs of Ed	Language (S,R,W)
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:
			H: T: L: E:

How long has your family lived at Wat Tham Krabok? ____ years
Koj tsev tib neeg nyob hauv TK tau pes tsawg xyoo? ____xyoo.

Where did you live before you came here?
Ua ntej nej los nyob TK, neb nyob qhov twg? Ua cas nej ho khiav los ntawm no?

What is a typical day in the camp? **Nej niaj hnub nyob hau TK, nej ua dab tsi xwb?**

Now I am going to ask you questions about possibility moving to the United States:

Have you had a chance to relocate before to the United States? _____Yes _____No
Thaum ub nej puas tau muaj npe mus teb chaws Meskas? _____Muaj _____ Tsi muaj

If yes, why did you choose not to relocate to the US? **Ua li cas nej ho txiav txim siab tsis mus?**

Do you have relatives in the United States? Yes ____ No ___
Nej puas muaj txheeb ze nyob teb chaw Meskas? Muaj _____ Tsi muaj _____
In Minnesota? **Nyob Minnesota?** Yes_____ No_____
In St. Paul? **Nyob St. Paul?** Yes_____ No_____
If yes, do you think you might be going to live with your family in Minnesota? Yes ____ No ____
Koj puas xav hais tias koj mus nrog cov txheeb ze nyob Minnesota? Mus____ Tsi mus_____

Has your family been receiving support (help) from your relatives in the United States?Yes __ No __
Koj tsev neeg puas tau txais kev pab ntawm cov txheeb ze nyob teb chaws Meskas? Tau __Tsi tau ___

What are you most concerned about if you move to the United States? (Or members of your family?)
Koj txhawj txog dab tsi nyob teb chaws Meskas? (Koj tsev tib neeg?)

Do you have other family here in Thailand that also hopes to resettle in the United States? Yes/No
Koj puas muaj cov txheeb ze nyob Thaib teb no uas xav mus nyob teb chaws Meskas? Muaj _____ Tsi muaj _____

If yes, please list how many people? **Yog muaj, pes tsawg leej?**

If yes, do you think they will be resettling to the same place you are going? **Yog tias lawv mus teb chaws Meskas thiab no, lawv puas mus tib qhov chaw koj mus nyob thiab?**

Job Skills

Have you been able to work/produce goods to barter at Wat Tham Krabok? Yes/No
Koj los koj tsev neeg puas ua paj ntaub thiab ua lwm yam mus muag tom khws? Ua __ Tsi ua__

If yes, are you still working now? Yes/No **Yog ua thiab, nej puas tseem niaj hnub muag? Ua ___ Tsi ua ___**

What kind of work have you been able to do? **Puas muaj lwm yam hauj lwm uas nej ua es khwv tau nyiaj?**

If you have the choice, what type of work do you hope to be able to do in the United States? **Yog koj muaj cai xaiv, koj nyiam ua yam hauj lwm dab tsi?**

Other Educational Questions

If you can read or write, how did you learn? **Yog tias koj txawj nyeem thiab sau ntawv, koj kawv li cas?**

What do you know about schools in the United States? **Koj puas paub txog kev kawm ntawv?**

Health

If someone in your family is sick here, are you able to see a doctor? Yes/No
Yog tias muaj mob muaj nkeeg, nej puas mus ntsib tau kws kho mob?
Yes_____ No_____

If you are sick, are you more likely to see a doctor or a shaman? **Yog tias koj muaj mob, feem ntau, koj mus ntsib kws kho mob, txiv neeb los sis Xibhwb.**

Doctor_____ Shaman_____

What type of illness are the most common? **Yam mob uas tib neeg nyob hauv TK mob coob tshaj plaws yog dab tsi?**

Can you see the doctor here at the Wat or do you have to leave this village to see a doctor? **Puas muaj kws kho mob nyob hauv Wat no?** Here_____ Another village_____

Does it cost a lot of money to see the doctor? **Yog mus ntsib kws kho mob, puas them nyiaj?** Yes_____ No_____

When was the last time you saw a doctor? **Koj mus ntsib kws kho mob zaum tag los no yog thaum twg?**

Are you currently taking any medicine or herbs to help your health? **Niaj hnub no, koj puas noj tshuaj los siv tshuaj ntsuab?**

Have your children been immunized? Yes/No
Koj cov menyuam puas tau txhaj tshuaj tiv thaiv? Tau __ Tsi tau ___

Optional: Return to ask if time permits – Nutrition Questions

9. Has there been enough food for everyone? **Nej nyob hauv TK no puas muaj zaub mov noj txaus?**

10. What type of food do you serve your family every meal? **Nej niaj hnub noj zaub mov dab tsi xwb?**

Your Health and Well-Being

SF-12

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. ***Thank you for completing this survey!***

For each of the following questions, please mark an ☒ in the one box that best describes your answer.

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
☐1	☐2	☐3	☐4	☐5

2. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐1	☐2	☐3
b Climbing several flights of stairs	☐1	☐2	☐3

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
a Accomplished less than you would like	☐1	☐2
b Were limited in the kind of work or other activities	☐1	☐2

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
a Accomplished less than you would like.	☐1	☐2
b Did work or other activities less carefully than usual	☐1	☐2

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐1	☐2	☐3	☐4	☐5

6. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a Have you felt calm and peaceful?	☐1	☐2	☐3	☐4	☐5	☐6
b Did you have a lot of energy?	☐1	☐2	☐3	☐4	☐5	☐6
c Have you felt downhearted and blue?	☐1	☐2	☐3	☐4	☐5	☐6

7. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐1	☐2	☐3	☐4	☐5

Thank you for completing these questions!

Key informant interviews with camp leaders, teachers, Thai authorities, etc.

Goal – The goal is to provide as much information as possible about the resources available to individuals living in Wat Tham Krabok and to identify potential issues.
The first step will be to identify the camp leaders and individuals who may be resources to camp residents. This may include monks, teachers, police, clan leaders, etc. (Pat Walker will address medical issues.)

Questions:
Can you describe your role/job in Wat Tham Krabok?

1. What things (services) do you provide for the people who live here? **Koj ua hauj lwm dab tsi hau TK?**

2. How long have you been at Wat Tham Krabok? **Koj ua hauj lwm nyob hau TK tau ntev li cas lawm?**

3. Is this (school, safety, supplies) available all the time? **Puas muaj tej yam uas sis ua nej cov hauj lwm txaus?**

4. What resources/things do you need to improve _____? **Yuav ua li cas thiaj pab tau koj txoj hauj lwm khiav zoo?**

5. In general, what do you believe are the major problems that people/families experience at Wat Tham Krabok? **Koj xav hais tias feem ntau koj tib neeg nyob hau TK muaj teeb meem zoo li cas xwb?**

6. What are the strengths of people at this camp? **Tej yam uas zoo ntawm peb cov hmoob yog dab tsi?**